

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09 / 787231

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4					2	
5					3	
6					3	
7					3	
8					3	
9					3	
10					3	
11					3	
12					3	
13					3	
14					3	
15					3	
16			1			
17				1		
18					1	
19					3	
20					3	
21					3	
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47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			67			
TOTAL CLAIMS			69			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
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62		1						
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS